## PATENT APPLICATION FEE DETERMINATION RECORD

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Effective October 1, 1996

**Application or Docket Number** 

04898753

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |            |                  |                                     |                  |                  | SMALL ENTITY      |                        |                         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|------------|------------------|-------------------------------------|------------------|------------------|-------------------|------------------------|-------------------------|----------------------------|------------------------|
| FOR   |  | NUMBE                                     | IBER FILED |                  | NUMBER EXTRA                        |                  |                  | RATE              | FEE                    |                         | RATE                       | FEE                    |
| BASIC FEE   |  |   |            |                  |                                     |                  |                  |                   | 385.00                 | OR                      |                            | 770.00                 |
| TOTAL CLAIMS 12 mi  |  |   | 2 minus    | s 20 =           | *                                   |                  | [>               | <b>(\$11=</b>     |                        | ÓR                      | x\$22=                     |                        |
| INDEPENDENT CLAIMS 3 m  |  |   |            | nus 3 = *        |                                     |                  |                  | x40=              |                        | OR                      | x80=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |            |                  |                                     |                  | ┨ <del>╞</del> ╻ | -130=             |                        | OR                      | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |            |                  |                                     |                  | L                | TOTAL             |                        |                         | TOTAL                      | 720.00                 |
| CLAIMS AS AMENDED - PART II   |  |   |            |                  |                                     |                  |                  |                   |                        | OR                      | •                          |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |            |                  |                                     | SMALL ENTITY     |                  |                   | OR                     | OTHER THAN SMALL ENTITY |                            |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | NL<br>PRE        | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                  | RATE              | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 19                                      | Minus      | **2              | 0                                   | = ~~             | X                | \$11=             |                        | OR                      | x\$22=                     |                        |
|   | Independent  | * 4                                       | Minus      | ***              |                                     | =                | ,                | x40=              |                        | OR                      | x80=                       |                        |
| 7   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |            |                  |                                     |                  |                  | 130=              |                        | OR                      | +260=                      |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |            |                  |                                     |                  |                  | TOTAL<br>DIT. FEE |                        | OR ,                    | TOTAL<br>ADDIT. FEÈ        | ,                      |
| 2   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIC<br>NL<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                  | RATE              | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus      | **               | •                                   | =                | ×                | \$11=             |                        | OR                      | x\$22=                     |                        |
|   | Independent  | *   | Minus      | ***              |                                     | =                | ;                | x40=              |                        | OR                      | x80=                       |                        |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |            |                  |                                     |                  |                  | 130=              |                        | OR                      | +260=                      |                        |
| 3   | (Column 1) (Column 2) (Column 3)                     |   |            |                  |                                     |                  |                  |                   |                        | OR                      | TOTAL<br>ADDIT. FEE        |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIC<br>NU<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                  | RATE              | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 19                                      | Minus      | " d              |                                     | = ~              | X                | \$11=             |                        | OR                      | x\$22=                     |                        |
|   | Independent  | 4   | Minus      | *** (            | 3                                   | =[               | [;               | x40=              |                        | OR                      | x80=                       | 78                     |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= |   |            |                  |                                     |                  |                  |                   |                        | OR                      | +260=                      | ·                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |            |                  |                                     |                  |                  |                   |                        |                         | 78                         |                        |